

Specific Characteristics of the Structure of the Mucous Floor of the Oral Cavity. Classification of Diseases.

Akhmadaliyev Kahramonjon Khusanboevich
Assistant of the Department of Therapeutic Dentistry

Abstract: in this article, the oral cavity the specific differences of the mucous membrane from other mucous membranes of the body, the local immunity of the oral cavity, as well as the pathological processes that take place there, how the immune activity against diseases takes place in the oral cavity, and injuries and injuries, to get rid of them, to maintain the health of all organs as much as possible, the recommendations of not to ignore diseases of the oral cavity are stated.

Key words: Epithelium, mucous membrane, organism, immunity, mechanical effect, freezing, regenerator, glycogen, antibiotic, antihistamine, lidocaine.

Enter.

The mucous membrane of the oral cavity is somewhat different from the other mucous membranes of the body. It is resistant to mechanical, thermal, chemical and other effects and infection. It is known that the mucous membrane of the mouth has high regenerative properties. These properties of the mucous membrane depend on its morphological structure. LIFalin (1963) and VV Gemonov (1969) made great contributions to the examination of the morphofunctional structure of the mucous membrane. The entire surface of the mucous membrane of the oral cavity is covered with epithelium with a thickness of 200-500 microns.

As a result of mechanical impact such as chewing the hard palate and gums, the epithelium freezes. Frostbite is especially common in the hard palate. Here, a layer of long-shaped cells containing keratohyalin in their protoplasm is located above the spinous cells. This is a granular layer. In addition, the horn layer consisting of completely frozen and non-nucleated cells is also distinguished. By histochemical methods, it was determined that the epithelium of the mouth stores a large amount of glycogen (KICherenova, 1955, L, I, Falin, 1961). The amount of glycogen is more in the lip, lung, soft palate, tongue and transverse folds. In the epithelium of the hard palate and gums, there is normally no glycogen or it is in a very small amount. Therefore, glycogen is abundant in the parts where there is no branching. This is important in the pathological process. It is assumed that glycogen is a source of energy or a plastic material for the synthesis of keratin. Therefore, it is quickly assimilated and does not occur in branching areas. Glycogen is observed only in the epithelium of the human oral cavity. It is not observed in animals.

The connective tissue base of the oral cavity under the epithelium forms the special layer of the mucous membrane (lamina propria). It consists of a dense connective tissue, and produces tumors - suckers that grow into the epithelium. Vessels and nerves feeding the epithelium pass through them. Suckers expand the surfaces of the lamina propria and epithelial surfaces and ensure better exchange of substances. The private layer of the mucous membrane gradually passes into the submucous layer (lamina submucosa).

the oral cavity - the tongue, gums, sides of the hard palate and the submucosal layer at the seam are not known at all. The mucous membrane in these branches is attached to the intermuscular connective tissue (in the tongue) or the periosteum (in the hard palate and gums). There are many small salivary glands in different parts of the oral cavity. According to the nature of their secretion, it is mucous, proteinaceous and mixed.

In addition, large salivary ducts are opened on the surface of the mucous membrane of the mouth - in front of the ear, under the jaw and under the tongue. During the day, up to 1.5 liters of saliva is processed and secreted in the oral cavity. In addition to water, mucus and protein, saliva contains 0.2% of inorganic substances: calcium, potassium, sodium salts, their concentration is several times higher than that of blood. In addition, saliva also stores trace elements such as iron, manganese, nickel, and lithium. Organic substances consist of albumins, globulins, enzymes. Saliva contains various vitamins. More than 50 enzymes have been identified in saliva, they are hydrolase, transferase, lipase, isomerase (IBZbarsky, LF A

digamov 1971). Salivary lysozyme has bacteriolytic, anti-inflammatory, antihistaminic, hemostatic, antibiotic effect and regeneration properties.

Local immunity of the oral cavity is carried out with the help of "immune bodies" stored in saliva. Saliva secreted from various glands in the oral cavity produces "mouth fluid". In addition to secretions of salivary and mucous glands, it includes migrated epithelium, microorganisms, neutrophils and sometimes lymphocytes. The composition of the oral environment changes depending on the food consumed, the influence of the external environment and the state of the body. Normally, the environment of the oral cavity is weakly alkaline, N is equal to 6.9. The hydrogen index changes depending on the pathological process in the mouth: during an infectious process in the mouth, the reaction of saliva becomes sour. A change in the composition of saliva leads to the formation of tartar, which in turn causes a tendency to gingivitis. In the mucous membrane of the oral cavity there are receptors that ensure the perception of taste, pain, temperature and tactile sensations. Taste receptors are located mainly in the tongue. Tactile sensation is especially well developed on the lips and the tip of the tongue. The sensation of pain is weak in the oral cavity, and the palatal folds, soft palate, and oral cavity are relatively well developed. Sensing the temperature in different areas of the mouth, for example, the bottom of the mouth and the gums do not feel the temperature. The sense of cold is better developed than heat.

Depending on which part of the mouth is affected, a reflex reaction is observed. For example: when the taste receptors are stimulated by sweet substances, the veins of the arms and legs expand, while bitter substances, on the contrary, narrow the veins. Affecting the receptors of the oral cavity affects gas exchange and muscle work. The high regenerative properties of the epithelium of the oral cavity also indicate its unique physiological properties.

A very large amount of flat epithelial cells migrated during the day. Epithelial regeneration takes place due to the mitosis of basal and spinous layer cells. Regeneration of the epithelium of the mucous layer is several times faster than the regeneration of the epidermis. Therefore, wounds in the oral cavity heal faster than skin wounds. The early appearance of glycogen, large amount of RNA and sour mucopolysaccharides provide a favorable opportunity for the regeneration of the mucous membrane of the mouth. Faster healing of the mucous membrane of the oral cavity compared to the skin is explained by the death of less differentiated cell elements in it (GVYasvoyn 1928, 1930; VVGemonov 1967).

property of the mucous membrane of the oral cavity is determined by its ability to quickly restore the pH balance when the oral cavity is exposed to acid and alkali. This feature depends on the thickness of the horn layer and the secretion of the salivary glands, and changes during the pathological process in the mouth. The mucous membrane of the oral cavity has the property of absorption, which is different in different areas and for different substances. It serves as a convenient factor for the use of some medicinal preparations. For example: Validol is well absorbed in the oral cavity. It should be assumed that a healthy mucous membrane absorbs drugs better than a pathologically changed mucous membrane.

is ensured by the antagonism of one microbe against another and the bactericidal properties of saliva. The microflora of different areas of the mouth is different and changes with age. The smooth surfaces of the mucous membrane (palate, tongue, gum) are characterized by streptococci, and the vibrio and fusospirochetosis complex are characteristic of the toothed areas. According to VGPetrovskaya and OPMarko (1976), Escherichia coli can be observed in the oral cavity only when the body's immunity decreases and in cases of dysbacteriosis. Fusiform bacteria in symbiosis with spirochetes are often found in the oral cavity, and they, in turn, have symbiosis with staphylococci and streptococci. Streptococci ensure the stability of the microflora of the oral cavity. Thus, bacterial antagonism in the oral cavity is considered an important factor of antibacterial protection of the mucous membrane. Some viruses, such as simple herpes virus, can live in the oral cavity as a saprophyte. According to P. Pophristov (1963), 60% of people are considered to be its healthy carriers.

Mechanical injuries of the mucous membrane of the oral cavity.

Prevention Damage to the mucous membrane of the oral cavity can be acute (short-term strong mechanical impact) or chronic (long-term mild impact). Acute mechanical injury can occur as a result of carelessness in life, production or during the treatment of the dentist. Damage can be caused by a violation of the integrity of the mucous membrane (open, wound) and preservation of its integrity (hematomas)., the pain disappears in 1-3 days, and a dark blue hematoma forms in its place. In the case of epithelial damage,

erosion appears, and signs of infiltration and limited inflammation appear in the private mucous membrane around it. If this area is not re-injured, it will quickly epithelialize. In case of severe pain, you can use local pain relievers (lidocaine, trimecaine, anesthetic solution, gel, ointment). In order to prevent secondary infection, it is advisable to treat the mouth scar with antiseptics (lysozyme, furacillin, etc.). Sometimes all layers of the mucous membrane can be damaged. In this case it is called an injury. Depending on the injurious factor, injuries can be torn, punctured, cut, bitten, lacerated and mixed (puncture-cut/lacerated). Wounds are open injuries with painful, bleeding and open edges.

The course of the injury process is in a strict sequence It takes place in 3 stages:

1. Preparation;
2. Initial regeneration;
3. Full regeneration.

The duration of each period is different, depending on the level of tissue damage and the presence or absence of secondary complications. Wounds can heal either primary, with scarring, usually within 6-7 days, or secondary healing with granulation tissue, scarring, and epithelialization.

Treatment: Wounds should be washed with a 1:5000 or 1:10000 solution of furacillin or an aqueous solution of antibiotics. In order to improve epithelialization, namatak oil, fatty solutions of vitamin A are applied. When the wounds are wide and deep, they are stitched.

Chronic mechanical damage occurs as a result of a weak but constant mechanical impact on the mucous membrane of the oral cavity (sharp edges of teeth, poor-quality dentures, teeth located outside the arch, harmful habits). Its clinical appearance and course depends on the age of the patient, whether there is a submucosal layer in the damaged area, etc. When examining the mucous membrane, it is possible to see catarrhal inflammation (edema, hyperemia), disruption of its integrity (erosion, ulcers), proliferative changes (hypertrophy) and increased coagulation (leukoplakia). Several of these symptoms can occur at the same time (for example, catarrhal inflammation and erosion, catarrhal inflammation and increased coagulation). It passes with infiltrasnyasi.

Summary

The level of pathological changes depends on the strength and duration of the effect. Catarrhal inflammation can be acute and chronic. Acute inflammation lasts for 2-3 weeks and disappears without a trace when the influencing factor is eliminated. Otherwise, a chronic purulent inflammation center appears, which consists of a limited purulent-eroding focus, and then it turns into a decubitus ulcer. Usually there is only one traumatic wound. The mucous membrane around the traumatic wound is swollen, red and painful. The bottom of the wound is covered with an easily movable fibrinous crust, the edges are uneven. Regional lymph nodes become enlarged and painful. Patients with traumatic wounds caused by prolonged and weak exposure apply after 1-2 months or more. The bottom and edges of such a wound are thickened due to infiltration, the bottom is swollen, bruised and covered with scabs. Such a wound can become large and even spread to the muscle and bone layers. The wound is painful when palpated, and the surrounding epithelium is dimmed when examined. Such wounds can turn into malignant tumors. As a result of not paying serious attention to such cases, it has been mentioned several times above that serious diseases are caused. It should not be forgotten that the vagina is considered the starting point of all diseases or the first part of their prevention. In other words, it is a simple way to keep the oral cavity clean and avoid diseases.

References:

1. IR Askarov "Mysterious Medicine" Tashkent 2021 "Science and Technology Publishing House"
2. Mahmoud Hasaniy (trans.) "Drops from the Ocean of Medicine", "Uzbekistan" NMIU, 2016.
3. Britannica Kids. (2020). Retrieved August 9, 2020, from kids.britannica.com
4. Dental One Associates. (2020). Retrieved September 8, 2020 from Dentalone-ga.com
5. Encyclopedia Britannica. (2020). Retrieved September 9, 2020, from Britannica.com
6. Fox, SI (2002). Human physiology. McGraw-Hill.
7. Marieb, EN, & Hoehn, K. (2007). Human anatomy and physiology. Pearson Education.

